

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

00000008

2 Total pages filed:

16

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR.

MIGUEL

E

NICKNAME

LAST

SUFFIX

SOLIS

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4904 LIVE OAK ST., #1

DALLAS, TX 75206

☐ change of address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(469) 571-3018

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR.

JOHN

P

NICKNAME

LAST

SUFFIX

LOZA

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3500 OAK LAWN, SUITE 500

DALLAS, TX 75219

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 957-8387

9 REPORT TYPE



January 15



30th day before election



Runoff

15th day after campaign  
treasurer appointment  
(officeholder only)

July 15



8th day before election

Exceeded \$500  
limit

Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

10 / 27 / 2013

THROUGH

Month

Day

Year

12 / 31 / 13

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

DALLAS 1SD  
BOARD OF TRUSTEES  
DISTRICT 8

13 OFFICE SOUGHT (if known)

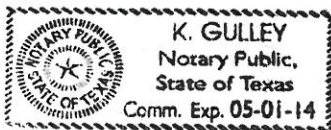
GO TO PAGE 2

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

<b>14 C/OH NAME</b> <div style="font-size: 1.2em; font-family: cursive;">MIGUEL SOUS</div>	<b>15 ACCOUNT #</b> (Ethics Commission Filers) <div style="font-size: 1.2em; font-family: cursive;">00000008</div>												
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<p style="font-size: 0.8em;">THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <b>COMMITTEE TYPE</b>   <input checked="" type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC             </td> <td style="width: 75%;"> <b>COMMITTEE NAME</b>  <div style="font-size: 1.2em; font-family: cursive;">KIDS FIRST</div> </td> </tr> <tr> <td></td> <td> <b>COMMITTEE ADDRESS</b>  <div style="font-size: 1.2em; font-family: cursive;">4447 NORTH CENTRAL EXPRESSWAY, STE. 110, DALLAS, TX 75205</div> </td> </tr> <tr> <td></td> <td> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <div style="font-size: 1.2em; font-family: cursive;">NELSON HSU</div> </td> </tr> <tr> <td></td> <td> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <div style="font-size: 1.2em; font-family: cursive;">6234 McCOMMAS AVE. DALLAS, TX 75214</div> </td> </tr> </table>	<b>COMMITTEE TYPE</b>  <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b> <div style="font-size: 1.2em; font-family: cursive;">KIDS FIRST</div>		<b>COMMITTEE ADDRESS</b> <div style="font-size: 1.2em; font-family: cursive;">4447 NORTH CENTRAL EXPRESSWAY, STE. 110, DALLAS, TX 75205</div>		<b>COMMITTEE CAMPAIGN TREASURER NAME</b> <div style="font-size: 1.2em; font-family: cursive;">NELSON HSU</div>		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> <div style="font-size: 1.2em; font-family: cursive;">6234 McCOMMAS AVE. DALLAS, TX 75214</div>				
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	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> <div style="font-size: 1.2em; font-family: cursive;">6234 McCOMMAS AVE. DALLAS, TX 75214</div>												
<input checked="" type="checkbox"/> additional pages													
<b>17 CONTRIBUTION TOTALS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED</td> <td style="width: 30%; text-align: right;">\$ 0</td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td style="text-align: right;">\$ 97,016.00</td> </tr> <tr> <td>3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED</td> <td style="text-align: right;">\$ 0</td> </tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td> <td style="text-align: right;">\$ 15,192.55</td> </tr> <tr> <td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td> <td style="text-align: right;">\$ 28,126.54</td> </tr> <tr> <td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td style="text-align: right;">\$ 0</td> </tr> </table>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 97,016.00	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0	4. TOTAL POLITICAL EXPENDITURES	\$ 15,192.55	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 28,126.54	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0												
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<b>EXPENDITURE TOTALS</b>													
<b>CONTRIBUTION BALANCE</b>													
<b>OUTSTANDING LOAN TOTALS</b>													

## 18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel Solis, this the 15<sup>th</sup> day of January, 20 14, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

MIGUEL SOLIS

15 ACCOUNT # (Ethics Commission Filers)

00000008

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☒ GENERAL☐ SPECIFIC

COMMITTEE NAME

EDUCATE DALLAS

COMMITTEE ADDRESS

700 N. PEARL ST. G-1200  
DALLAS, TX 75201

COMMITTEE CAMPAIGN TREASURER NAME

JIM OBERWETTER

COMMITTEE CAMPAIGN TREASURER ADDRESS

700 N. PEARL ST. G-1200  
DALLAS, TX 75201☐ additional pages17 CONTRIBUTION  
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ -

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ -

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ -

CONTRIBUTION  
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

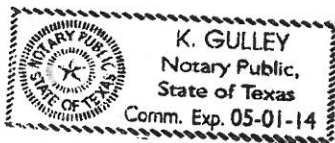
\$ -

OUTSTANDING  
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ -

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Miguel Solis, this the 15th day of January, 20 14, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

K. Gulley  
Printed name of officer administering oath

Coordinator / Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 1 of 2	
2 FILER NAME MIGUEL SOLIS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date 10/30/13	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JESUS ABREGO	7 Amount of contribution (\$) 25.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 8675 WASHINGTON BEAUMONT, TX 77707		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 11/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RAQUEL HANKINS	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2821 ROUND TOWER LN. PORT NELVES, TX 77651		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/2/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) R. BROOKS REED	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 12400 COTT RD., SUITE 950 DALLAS, TX 75251		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/3/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PETE DALE	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6019 ST. ANDREWS DR. DALLAS, TX 75205		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/13	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) HISPANIC PAC OF DALLAS	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 2438 ALCO AVENUE DALLAS, TX 75211		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 of 2

2 FILER NAME

MIGUEL SOLIS

3 ACCOUNT # (Ethics Commission Filers)

00000008

4 Date

10/28/13

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dallas Kids First

6 Contributor address; City; State; Zip Code

4447 North Central Expressway, Ste. 110  
Dallas, TX 75205

7 Amount of contribution (\$)

6642.00

8 In-kind contribution description (if applicable)

PAID CANVASSING

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

12/13/13

Full name of contributor

☐ out-of-state PAC (ID#)

EDUCATE DALLAS

Contributor address; City; State; Zip Code

700 N. Pearl St. G-200  
Dallas, TX 75201

Amount of contribution (\$)

200.00

In-kind contribution description (if applicable)

LEGAL COSTS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/13

Full name of contributor

☐ out-of-state PAC (ID#)

VINSON & ECKINS, L.L.P.

Contributor address; City; State; Zip Code

2001 Ross Ave., Ste. 3700  
Dallas, TX 75201

Amount of contribution (\$)

46,120.00

In-kind contribution description (if applicable)

LEGAL COSTS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/13

Full name of contributor

☐ out-of-state PAC (ID#)

VALDEZ | WASHINGTON, L.L.P.

Contributor address; City; State; Zip Code

4514 Cole Ave., Ste. 600  
Dallas, TX 75205

Amount of contribution (\$)

8,250.00

In-kind contribution description (if applicable)

LEGAL COSTS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/31/13

Full name of contributor

☐ out-of-state PAC (ID#)

HAYNES & BOONE, L.L.P.

Contributor address; City; State; Zip Code

2323 Victoria Ave., Ste. 700  
Dallas, TX 75219

Amount of contribution (\$)

33,421.00

In-kind contribution description (if applicable)

LEGAL COSTS

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PLEDGED CONTRIBUTIONS****SCHEDULE B**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B: <b>1 of 1</b>	
2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
4 TOTAL OF UNITEMIZED PLEDGES:      ⇨   ⇨   ⇨   ⇨   ⇨   ⇨		\$ <b>N/A</b>	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  7 Pledgor address;      City;   State;   Zip Code	8 Amount of pledge (\$)	9 In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)  Pledgor address;      City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
(If travel outside of Texas, complete Schedule T)			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:

1 of 1

**2** FILER NAME

MIGUEL SOUS

**3** ACCOUNT # (Ethics Commission Filers)

00000008

**4**

TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$ N/A

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender  
a financial  
Institution?

Y N

**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political account☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)☐ not applicable**18** Guarantor address; City; State; Zip Code**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account

☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>1 of 4</b>	2 FILER NAME <b>MIGUEL SOLIS</b>	3 ACCOUNT # (Ethics Commission Filers) <b>000000008</b>
4 Date <b>11/1/2013</b>	5 Payee name <b>JMH PRINTING</b>	
6 Amount (\$) <b>735.68</b>	7 Payee address; City; State; Zip Code <b>721 WEST TARRANT RD. GRAND PRAIRIE, TX 75050</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>MAILER</b>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>10/30/13</b>	Payee name <b>JMH PRINTING</b>	
Amount (\$) <b>398.39</b>	Payee address; City; State; Zip Code <b>721 WEST TARRANT RD. GRAND PRAIRIE, TX 75050</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>Door Hangers</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>11/1/13</b>	Payee name <b>MAIL TODAY, INC.</b>	
Amount (\$) <b>682.10</b>	Payee address; City; State; Zip Code <b>9171 KING ARTHUR DR. DALLAS, TX 75247</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>SOLICITATION EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>POSTAGE + MAILING OF MAILERS</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date <b>11/2/13</b>	Payee name <b>OFFICE DEPOT STORE 120</b>	
Amount (\$) <b>60.52</b>	Payee address; City; State; Zip Code <b>2929 OAKLAWN AVE. DALLAS, TX 75219</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>	Description (If travel outside of Texas, complete Schedule T) <b>CLIPBOARDS + FOLDERS</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <b>2 of 4</b>	<b>2</b> FILER NAME <b>MIGUEL SOLIS</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers) <b>00000008</b>
<b>4</b> Date <b>11/5/13</b>	<b>5</b> Payee name <b>CHEVRON</b>	
<b>6</b> Amount (\$) <b>27.52</b>	<b>7</b> Payee address; City; State; Zip Code <b>7950 FOREST LN. DALLAS, TX 75230</b>	
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>TRAVEL IN DISTRICT</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>GASOLINE FOR DRIVING TO POLLS</b>
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date <b>11/5/13</b>	Payee name <b>LA POPULAR INC.</b>	
Amount (\$) <b>48.71</b>	Payee address; City; State; Zip Code <b>5004 COLUMBIA AVE., #103 DALLAS, TX 75214</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>FOOD FOR VOLUNTEER POLL WATCHERS</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date <b>11/6/13</b>	Payee name <b>LA POPULAR INC.</b>	
Amount (\$) <b>1,500.00</b>	Payee address; City; State; Zip Code <b>5004 COLUMBIA AVE., #103 DALLAS, TX 75214</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>FOOD/BEVERAGE EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>WATER PARTY EXPENSES</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
Date <b>11/8/13</b>	Payee name <b>IN FOCUS CAMPAIGN, LLC</b>	
Amount (\$) <b>1,680.08</b>	Payee address; City; State; Zip Code <b>P.O. BOX 10726 FORT WORTH, TX 76114</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>SOLICITATION EXPENSE</b>	Description (If travel outside of Texas, complete Schedule T) <b>PHONE CALLS</b>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name _____ Office sought _____ Office held _____		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>3 or 4</b>		2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
4 Date <b>11/8/13</b>		5 Payee name <b>CASEY &amp; COMPANY</b>			
6 Amount (\$) <b>10,000.00</b>		7 Payee address; City; State; Zip Code <b>3500 OAK LAWN AVE., SUITE 500 DALLAS, TX 75219</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>CAMPAIGN CONSULTANT</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11/18/13</b>		Payee name <b>WALGREENS # 7839</b>			
Amount (\$) <b>12.97</b>		Payee address; City; State; Zip Code <b>3802 CEDAR SPRINGS RD. DALLAS, TX 75219</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>OFFICE OVERHEAD</b>		Description (If travel outside of Texas, complete Schedule T) <b>THANK YOU CARDS / STATIONARY</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>11/20/13</b>		Payee name <b>NATIONBUILDER, INC.</b>			
Amount (\$) <b>19.00</b>		Payee address; City; State; Zip Code <b>448 S. HILL ST., SUITE 200 LOS ANGELES, CA 90013</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <b>12/20/13</b>		Payee name <b>NATIONBUILDER, INC.</b>			
Amount (\$) <b>19.00</b>		Payee address; City; State; Zip Code <b>448 S. HILL ST., SUITE 200 LOS ANGELES, CA 90013</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description (If travel outside of Texas, complete Schedule T) <b>WEBSITE</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>4 of 4</b>		2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>000000008</b>	
4 Date <b>12/31/13</b>		5 Payee name <b>DAN PAL</b>			
6 Amount (\$) <b>8.58</b>		7 Payee address; City; State; Zip Code <b>2211 NORTH FIRST ST. SAN JOSE, CA 95131</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>FEES</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>CREDIT CARD FEES</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1 of 1		<b>2</b> FILER NAME MIGUEL SOUS		<b>3</b> ACCOUNT # (Ethics Commission Filers) 000000008	
<b>4</b> Date		<b>5</b> Payee name N/A			
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule)		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

## SCHEDULE H

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: 1 of 1		2 FILER NAME MIGUEL SOUS		3 ACCOUNT # (Ethics Commission Filers) 00000008	
4 Date		5 Business name N/A			
6 Amount (\$)		7 Business address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule)		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Business name			
Amount (\$)		Business address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule I:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
1 of 1	MIGUEL SOLIS	00000008
<b>4</b> Date	<b>5</b> Payee name	
	N/A	
<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See instructions for examples of acceptable categories)	<b>(b)</b> Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories)	(b) Description (See instructions regarding type of information required.)

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**INTEREST EARNED, OTHER CREDITS/GAINS/  
REFUNDS, AND PURCHASE OF INVESTMENTS****SCHEDULE K**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule K:

1 of 1

**2** FILER NAME

MIGUEL SOUS

**3** ACCOUNT # (Ethics Commission Filers)

00000008

**4** Date**5** Name of person from whom amount is received

N/A

**6** Address of person from whom amount is received; City; State; Zip Code**8**Amount  
(\$)**7** Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Date

Name of person from whom amount is received

Amount  
(\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

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# IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: <b>1 of 1</b>	
2 FILER NAME <b>MIGUEL SOLIS</b>		3 ACCOUNT # (Ethics Commission Filers) <b>00000008</b>	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <b>N/A</b>			
5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
6 Dates of travel	7 Name of person(s) traveling		
	8 Departure city or name of departure location		
	9 Destination city or name of destination location		
10 Means of transportation		11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule C <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule N <input type="checkbox"/> COH-UC <input type="checkbox"/> COH-T <input type="checkbox"/> PAC-C <input type="checkbox"/> PAC-E			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			